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dietetic department guidelines in larger health care facilities

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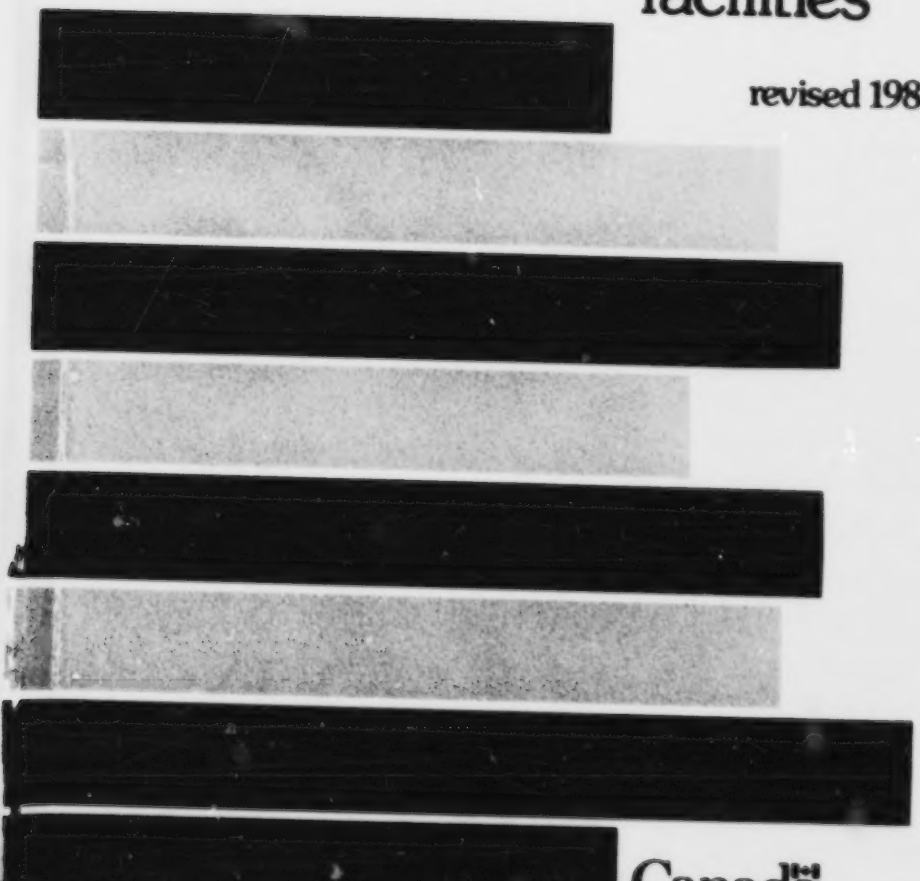

Canada

REPORT OF THE
WORKING GROUP ON
THE DEPARTMENT OF DIETETICS

GUIDELINES FOR THE OPERATION OF THE DEPARTMENT OF DIETETICS IN LARGER HEALTH CARE FACILITIES

HEALTH SERVICES AND PROMOTION BRANCH
HEALTH SERVICES DIRECTORATE

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Introduction

This manual was originally developed in 1974 by the Working Party to Study the Department of Dietetics at the request of the Sub-committee on Quality of Care and Research of the Federal-Provincial Advisory Committee on Hospital Insurance and Diagnostic Services to the Minister of Health and Welfare, Canada. In 1978 and again in 1984 the manual was revised, updated and expanded to reflect new developments in the field and the need for greater control of total resources.

The purpose of the manual is to provide information for the effective management of the Department of Dietetics in health care facilities. However, the authors are cognizant of the infinite variability of dietetic departments in these facilities and realize that, in many instances, the information can serve only as a guide to appropriate action. The authors foresee that this document will be used not only by dietitians but also by administrators and other allied health personnel as an aid in understanding the role that the Department of Dietetics should play in the care of the patient and in the management of health care facilities.

N.B. For the purpose of simplification in the text, where the feminine is used the masculine is to be understood, and vice versa.

Management of the Department of Dietetics

The administration of a health care facility establishes administrative directives and sets policies; similarly the Director of Dietetics is responsible for the preparation of guidelines which state the purpose, philosophy, objectives, and policies for the operation of the department.

Purpose

The provision of dietetic services to the facility.

Philosophy

The provision of high quality food and nutrition services by the Department of Dietetics is an essential and integral part of the function of the total health care facility.

Objectives

The objectives of the Department of Dietetics are to maintain or enhance the health of the patients and personnel by:

(1) optimum administration of the department within the resources available and in compliance with established policies.

(2) service of safe, nutritious and attractive food.

(3) prescription, interpretation and implementation of diet orders.

(4) provision of nutrition consultation and education services.

(5) investigation, analysis and research.

Objectives are achieved by the development of policies which serve as operational guidelines. Procedures are required to implement the policies.

Role of the Department of Dietetics

The Department of Dietetics has a strong commitment to the functions of administration, clinical services, education and research as they relate to the science of food service management and nutrition. Generally, the Department of Dietetics is responsible for:

(1) **Administration of the food services system** including the establishment of departmental policies and implementation of procedures concerned with budget and financial control; development of menus; purchasing and receipt of food and effective utilization of personnel, layout and equipment.

(2) **Food service** for patients, staff and other clientele, i.e. those of outreach and home care programs. Staff work-performance and equipment-use are among the prime concerns in the production and service of safe, sanitary, nutritious and palatable food.

(3) **Clinical services** which include prescription, interpretation and implementation of diet orders and the provision of individual and group counselling in normal and clinical nutrition. Specialized services may include diabetic and obesity clinics, renal dialysis, total parenteral nutrition, outreach, home care programs.

(4) **Education and training** in food service management and nutrition, as they relate to the care of the patient, to the following groups:

- dietetic interns, student nurses, medical students, interns and residents
- para-medical groups, such as social workers, nurses, nursing assistants, etc.
- personnel of dietetic and other departments.

(5) **The development of research** to increase and broaden knowledge in food service management and nutrition services.

As an integral part of the above responsibilities the maintenance of effective **interdepartmental communication, co-operation, co-ordination** is essential to the growth of the Department of Dietetics. As well, there must be an awareness of other related programs in the community which have or should have a nutrition component designed to promote health and enhance the lifestyle.

Nomenclature

(Where the feminine is used, the masculine is understood.)

1. Dietitian

A Dietitian is a university graduate uniquely prepared by education of food science, human nutrition and related sciences[1] for the practice of nutritional care[2]. The dietitian applies research, education techniques and professional knowledge and skills in normal and therapeutic nutrition and in food service systems management to attain and maintain the health of individuals, groups and the community.

[1]Related sciences include biochemistry, physiology, behavioural sciences and management sciences.

[2]Nutritional care: the application of the sciences and the art of human nutrition in helping people select and obtain food for the primary purpose of nourishing their bodies in health and disease throughout the life-cycle.

2. Clinical dietitian

The Clinical Dietitian/Nutritionist is a specialist in therapeutic and applied human nutrition. As a member of the medical and administrative dietetics teams, she plans and coordinates the continuum of nutritional care. She also assesses nutritional problems and status, develops and implements nutritional care plans, and evaluates results. She may serve on a clinical research team in studies requiring the planning, coordinating, collecting and interpreting of nutritional data. She may function in health care facilities, ambulatory care services, private practice or in industry.

3. Administrative dietitian

The Administrative Dietitian is a specialist in effectively utilizing the human and facilitating resources of a food service system to provide optimum nutritional care and quality food. As a member of the management team, she is accountable for the progressive and efficient direction of all, or any part, of the food service operation. These functions may be carried out in such facilities as health care institutions, universities and schools, industry and commercial food service, or in private consultative practice.

4. Community dietitian/nutritionist

The Community Nutritionist is a specialist responsible for the nutrition component in health care systems at all levels, i.e. primary, secondary and tertiary. In the community, she assesses, plans, coordinates, implements and evaluates nutrition programs which include direct service (counselling), education and health promotion. She may initiate, develop, conduct and participate in nutrition studies or other research with a nutrition component. She functions primarily in government and community agencies.

The Public Health Nutritionist works with the senior administrator and other health care team members in defining and establishing appropriate legislation, standards, policies and criteria for nutrition services; in assessing the nature and magnitude of nutritional problems, in recruiting and training required nutrition personnel and in mobilizing and coordinating community resources in nutrition.

Administrative services

The primary objective of Administrative Services in the Department of Dietetics is the effective utilization of the managerial resources in the accomplishment of the goal of providing quality food and nutrition services as an integral part of total patient care.

The director in charge of the administration of the department must plan, direct, control and evaluate the managerial resources, which are the people, time, budgetary allowances, food, equipment and facilities. It is the responsibility of the Administrative Services to recognize and appreciate the dual role of the department in providing both quality food and nutrition services. Adequate managerial resources must be balanced to support capable administrative services and professional clinical dietetic services.

The size and complexity of the health care facility will determine the number of management staff involved in each of these services.

The coordination of people, equipment, food and facilities to meet daily nutritional requirements within budgetary allowances is the responsibility of Administrative Services.

Monthly Report from Administrative Services to Director of Dietetics

Date_____

For the month of_____

1. Define any problems encountered in the month and indicate proposed actions and recommendations (consider staff, equipment, service, supplies, sanitation).

2. What activities incurred high costs during the month?

3. **Comments re:** problems, compliments, etc.

   Staff

   Dietetic Interns

   Patients

4. New methods or procedures in

   (a) Production

   (b) Service

   (c) Staffing

5. A new or creative idea or development –

6. **Other Comments:**

SAMPLE

Signature_____

Title_____

Clinical Services

The primary objective of Clinical Services in the Department of Dietetics is to provide and promote optimal nutritional care. This can be achieved by quality food service, prescription, interpretation, assessment and implementation of diet orders. The diet manual in use should be kept current. Individual and group counselling, specialized services and research are an integral part of total patient care.

These objectives are achieved by providing:

1. Nutrition Control: Normal and Therapeutic
2. Interdisciplinary Contacts
3. Counselling
4. Research
5. Administration.

1. Nutrition Control: Normal and Therapeutic

- gaining clinical information: interviewing, reading charts.
- assessing the nutritional intake.
- interpreting, calculating and implementing the diet order.
- consulting with other health professionals regarding appropriate nutritional care.
- discussing food preferences with patients.
- checking on food acceptability and assisting with menu selection.
- visiting the patient routinely regarding food acceptability.
- preparing and implementing a nutritional plan
- monitoring the nutritional adequacy of the clinical prescription.
- evaluating menu items served for conformation to quality standards and diet prescriptions.
- calculating and charting nutrient intake.
- recording pertinent nutritional progress and information in the health record.
- making clinical judgements and evaluations (i.e. vitamin deficiency, etc.)
- providing resources, i.e. dietetic interpretation, information and scientific findings.
- pursuing clinical research.
- nutritional audits.

2. Interdisciplinary Contacts

- interacting with physicians, verbally and through correspondence, charts and reports, and with other health care workers, regarding the care of patients.
- maintaining dietetic clinic schedules, records and correspondence.
- maintaining a technical library for health care workers and patients.
- teaching nutrition to allied health personnel.
- compiling, developing, conducting and cooperating in planning educational programs, preparing and obtaining necessary educational material and visual aids in nutrition education.
- participating in dissemination of dietetic information in the area of preventive medicine as it applies to normal nutrition, diet therapy and disease.
- attending clinical ward rounds and conferences and participating as a consultant in nutritional care.

- attending committee meetings such as patient care meetings to advise and provide consultation on nutritional aspects of patient care, teaching and or research.

3. **Counselling**
   - reviewing and summarizing patients' records with an overview of the medical problems, lifestyles, history of food consumption and associated social patterns.
   - counselling patient regarding principles of nutrition.
   - instructing the patient regarding the prescribed diet
   - adapting the required nutritional plan to individual needs
   - demonstrating use of selective menus.
   - evaluating the patient's comprehension and adherence to the diet.
   - counselling patients and their families in nutritional principles, diet plan, food selection and economics, and adapting the plan to the individual's lifestyle.
   - recording of dietetic instructions.
   - preparing consultant reports.
   - arranging for follow-up with the patient, for continuity of care in the community.

4. **Research**
   - planning, investigating, interpreting, utilizing, conducting and evaluating research and studies in metabolic or research programs with a nutritional component.
   - controlling the selection and preparation of food related to special care units.
   - maintaining accurate records.
   - reviewing statistics tabulated from reports and records.
   - studying, adapting and applying recent scientific findings for application in current research.
   - communicating findings through reports and publications.

5. **Administration**
   - compiling and utilizing pertinent operational data to ensure provision of quality nutritional care for efficient clinical services.
   - auditing for identification of strengths and weaknesses and for corrective action to improve operation for efficient clinical services.
   - reporting monthly on activities of the section.

In order to be able to provide the above services effectively and efficiently, clinical services must provide:
- counselling to the dietetic technician in planning dietetic care and patient instruction;
- instruction to dietetic interns and dietetic service personnel.

Summary of the Daily Clinical Report

Area _____ **Date** _____

SAMPLE

	DIABETIC	REDUCING	NA. REST.	LOW CHOL.	LOW FAT	GASTRIC	MISC. DIETS	TOTAL TIME
Patient Visits								
Diet History								
Diet Consultation								
Medical Consultation								
Office Procedure								
Out-patients								
Lectures								
Meetings								
Continuing Education								
Dietetic Interns								
Miscellaneous								

Number of In-patient Visits _____

Number of Consultations (1) In-patient _____

(2) Out-patient _____

Total number of Patients (1) House diets _____

(2) Therapeutic diets _____

Signature _____

Title _____

Assessment Work Sheet

EATING HABITS		
BREAKFAST **PLACE:**	**LUNCH** **PLACE:**	**DINNER** **PLACE:**
Mid A.M.	**Mid P.M.**	**H.S.**

FOOD INTAKE (Daily)	ITEMS	DAILY ANALYSIS				
		Amount	Pg	Cg	Fg	Na mg
	Bev. — Milk					
	Coffee Tea					
	Soft Drinks					
	Alcohol Beer					
	Meat — Meat, Fish, Poultry					
	Liver					
	Eggs					
	Cheese					
	Fats — Butter Marg					
	Oils - Fats					
	Bacon Cream					
	Fruits — Citrus					
	Others					
	Veg. — Potatoes Pasta					
	Others					
	Bread — Bread Cereal					
	Misc. — Cookies Cake					
	Dessert					
	Ice Cream					
	Sugar Candies					
	Vitamin Supplements					
	TOTAL					
	TOTAL CALORIES					

SAMPLE

Dietetic Assessment

DATE:

HEIGHT: **PREVIOUS WEIGHT:** **CURRENT WEIGHT:** **IDEAL WEIGHT:**

MARRIED: **SINGLE:** **OCCUPATION:**

PHYSICIAN: **DIAGNOSIS:**

DIET: **CALORIC REQUIREMENTS:**

COMMENTS:

CONCLUSION:

SAMPLE

RECOMMENDATIONS:

Dietitian: _____

Monthly Report from Clinical Services to Director of Dietetics

Date_____

For the month of_____

1. Define any problems encountered in the month and indicate proposed actions and recommendations (consider staff, equipment, service, supplies, sanitation).

2. What activities incurred high costs during the month?

3. **Comments re:** problems, compliments, etc.
   Patients
   Dietetic Interns
   Staff

4. New methods or procedures

5. Number of inpatient visits_____
   Number of consultations (1) inpatient _____
   (2) outpatient_____
   Total inpatient visiting time_____
   Total patient consultation time (1) inpatient_____
   (2) outpatient_____

6. A new or creative idea or development

7. Other comments:

Signature_____

Title_____

SAMPLE

Education and Training

Within its area of expertise in food service management and nutrition, the Department of Dietetics is committed to the education of the patient as well as to the education of dietetic interns, student nurses, medical students, interns and residents. Paramedical groups such as social workers, nurses, nursing assistants and others should look to the Department of Dietetics for nutrition education.

Within the Department of Dietetics, the new employee benefits from having a proper orientation or introduction to his position. His her orientation program should include a tour of the facility as well as the dietetic department. Initially, in addition to receiving documentation from the personnel department, the employee should be made acquainted with the dietetic department organization chart, policies and background information pertaining to the job, including the job description, work and time schedules, etc. Preliminary on-the-job training is essential prior to the employee accepting full responsibility for his her position. During the probationary period, a review and assessment of his her performance and understanding of the position should be carried out. The result of this could determine his her appointment to the permanent staff.

Through ongoing in-service education sessions, the employee should be given the opportunity to further broaden his her learning and understanding of the importance of his her job and the department as a whole. Representative topics presented at these sessions should include nutrition, sanitation, safety, new procedures, etc.

Opportunities for continuing education should be encouraged and promoted for all employees. Courses are available for both professional and supervisory personnel. These might range from national correspondence courses for food service supervisors to departmental management courses and workshops.

The dietetic department should also be involved in the orientation of staff from other hospital departments. The staff from some of those departments which have a close working relationship with the dietetic department should be given detailed information.

Monthly Report from Educational Services to Director of Dietetics

Date_____

For the month of_____

1. Define any problems encountered in the month and indicate proposed actions and recommendations.

2. **Dietetic Internship**
   (a) Problems encountered:
   (b) Recommendations:
   (c) New procedures:

3. **In-service Classes – Patient and Staff**
   (a) Number given_____
   (b) Type_____
   Total numbers attending_____
   (c) Problems, ideas, recommendations:

4. **Others' Activities**

5. **Inquiries**

SAMPLE

Signature_____

Title_____

Research

The Department of Dietetics is committed to the development and continuation of research, both in the areas of food service management and nutrition. Personnel of the department may be totally responsible for particular research projects or may collaborate with other professionals in the conduct of research studies. Communication of studies with colleagues and publication of results in appropriate professional journals are encouraged.

Accreditation

Accreditation is a leading movement for improvement in the quality of care for the sick and injured.

The Canadian Council on Hospital Accreditation (C.C.H.A.) establishes standards for the operation of Canadian health care facilities and assists institutions in attaining these standards. Institutions voluntarily accept these standards.

To be involved in the accreditation process, the institution must:

1. be listed by the Canadian Hospital Association.
2. have a licence to operate as required by provincial federal authority.
3. have been in operation under present ownership for at least 12 months prior to survey.
4. have an organized governing body or identified owner.
5. offer certain designated services.
6. complete and return "application for survey" form.
7. meet the standards established by C.C.H.A. in
   - Guide to Accreditation of Canadian Mental Health (Psychiatric) Centres
   - Guide to Accreditation of Long Term Care Centres
   - Standards for Accreditation of Canadian Health Care Facilities

There are a number of doctors, nurses and hospital administrators located across Canada who work for the C.C.H.A. on a part time basis and carry out the surveys in health organizations. These surveyors review a pre-survey questionnaire prepared by the health care facility, patient health records, minutes of various meetings and policies. They also converse with selected staff members. Their role is to interpret the standards and judge the degree of compliance.

The C.C.H.A. then recognizes that the institution meets the standards and awards a category of accreditation.

The categories of accreditation are:

1. **Non-accreditation** – the award for a health care facility failing to comply with the majority of essential standards.

2. **Provisional Accreditation (one year)** – the award to a health care facility where a significant number of standards are not met and therefore the facility is "below average." The term "provisional" is introduced to indicate that the facility is capable of complying with standards within one year.

3. **Accreditation with revisit in approximately two years** – the award to a health care facility for average compliance with the majority of standards. If deficiencies are limited and perceived as being rectifiable within one year, the health care facility may be offered a partial revisit in one year from the date of the survey. If full compliance has been achieved at that time, the award may be extended for an additional year. The scope of the revisit would be indicated in the survey report and the revisit would be at the expense of the health care facility.

4 **Accreditation with revisit in approximately three years** – the award reserved for health care facilities showing above-average compliance with standards related to Governing Body and Management, Medical and Nursing Services, Environmental Safety and Quality Assurance as well as standards related to the physical facilities and care program in the Emergency Services, to the goals and objectives and policies for Clinical Record Services, to facilities, equipment and policies for Pharmacy Services, and to policies and care program in Special Care Units.

Accreditation encourages the voluntary acceptance of good quality standards for patient care.

Specific standards for the Nutrition Departments (Therapeutic Dietary Services and Food Services) are listed in the various guides for accreditation.

Quality Assurance

Historically, the provision of quality nutritional care for patients residents in Canadian health care facilities has been a goal of the Department of Dietetics.

More recently, the need to document the means (controls) of attaining this goal has become evident.

The documentation or written plan of evaluating and monitoring the operations of the Department of Dietetics is known as the **Quality Assurance Program**. Although the program is designed specifically for the department of dietetics, it should be in keeping with or reflect the overall philosophy and objectives of the facility.

In the pursuit of excellence in providing nutritional care, a systematic, multidisciplinary approach is required. There are four features of any quality assurance program that are common to all departments. These are: **scope, objectives, responsibilities and functions**.

- Under **scope** the department states the parameters and purpose of the program;
- the **objectives** set reflect program requirements that satisfy the management policies;
- **responsibilities** cover the duties of the head of the department and for which the head is held accountable; and
- **functions** are those specific activities by which the objectives of the department are met.

It is suggested that criteria be established for each component of the Department of Dietetics, i.e. Clinical, Food Service, Food Production.

Generic Outline for a Health Care Department QA Program Manual

- **Scope**
- **Objectives**
- **Responsibilities**
- **Policy**
  - Statement
  - Signed acknowledgement
  - Quality objectives
  - Training requirements
- **QA Organization**
  - Organization plan
  - Functional independence
  - QA management
  - Department relations
  - QA audit function
  - QA authority
- **Personnel qualifications**
  - Qualifications
  - QA personnel records
  - Delegation of services
  - Certification
  - Management training responsibility
- **QA Program**
  - QA Manual
  - Program application
  - Program content
  - Procedure preparation
  - Program review
  - Periodic review
  - Program audit
  - Corrective action
  - Changes & revisions
  - Control & distribution
  - Inspection plans
- **Functions**

  Inspection, Examination & Test
  - Test control
  - Procedure
  - Test results
  - Acceptance criteria

Measure & Test Equipment
- Equipment records
- Calibration standards
- Equipment security
- Calibration log
- Supplier records
- Test equipment errors

Receiving, Handling, Storage
- Procedure
- Special storage needs
- Sensitive items
- Receiving inspection
- Damage inspection
- In storage inspection
- Disposal of stored material
- Storage
- Handling
- Inspection records

Verifying Functions
- General
- Verify measures
- Personnel qualifications
- Verify sample
- Implementation
- Discrepancies & deficiencies
- Responsibilites

Corrective Action
- Reports

Financial and Statistical Data

- For timely management controls, calculation and comparison of productivity, it is essential to continuously collect appropriate statistical information.
- A useful parameter for cost accounting is the meal day. Methods to calculate meal days are provided on page 24.
- Continuous financial and statistical reporting provide the dietetic department and administration with an excellent tool for concentrating on areas of concern.
- Critical analysis and interpretation of financial and statistical statements are essential for the evaluation, planning and development of the Department of Dietetics.
- Statistical data should not only reflect the financial aspect of the operations, but should also include pertinent clinical information, such as: number of in-patient visits, professional consultations and out-patient activities.

Suggested Headings for Monthly Financial Statements

The following list is given as a basic guide to assist in the establishment of a monthly financial statement. Each health care facility must adjust this information to the needs of its own department and to provide the necessary information requested by various federal and or provincial reporting forms.

Total Meal Days
- In-patient
- Out-patient
- Non-patient

Total Expenditures
- **a)** Salaries, Wages and Benefits
  - administrative/professional
  - supervisory
  - non-supervisory
- **b)** Food Expenditures
- **c)** Other Supplies and Expenses
  - paper/disposable
  - cleaning supplies
  - small equipment
  - office supplies
- **d)** Contract Fees
  - food-service fee
  - leased system: tray service, computer, etc.
- **e) Miscellaneous**
  - infant formula
  - supplementary feeding
  - maintenance and repairs
  - education
  - travel
  - linen and uniforms
  - contract cleaning
  - other

Recoveries
- Cafeteria
- Coffee shop
- Vending
- Catering
- Perquisites: volunteers, guests, candy stripers, etc.
- Outreach programs
- Meals-on-wheels
- Detoxification centre
- Sale to other institutions
- Other

Meal Day Indices
- Total cost per meal day
- Salaries and wages per meal day
- Total food cost per meal day
- Total supplies and expenses per meal
- Total paid hours per meal day

Meal Days

- The meal day is a recognized unit of measurement for food service volume and workload. It should be calculated and reported accurately to reflect the departmental activities.
- In order to achieve uniformity, it is essential that a single universal method of meal day calculation be followed.
- Total meal days is the sum of in-patient plus out-patient and non-patient meal days.
- A meal day consists of breakfast, lunch, dinner and coffee breaks (2) or nourishments. In order to equate staff and other meal days to the in-patient meal days, the pattern below must be used.

Meal Day Pattern for Patients and Non-patients

Breakfast	**Lunch or Supper**	**Dinner**
Juice	Soup	Juice
Egg	Sandwich or casserole	Meat (main entree)
Toast, butter or margarine	Side salad	Potato
Beverage	Dessert	Vegetable
	Beverage	Dessert
		Beverage

Plus the usual coffee breaks (2) or nourishments (2).

Non-patient Meal Day Value

- The meal day value is the total cafeteria selling price of the meal day pattern (see previous page).
- The value is used as the divisor into the total recoveries to establish the number of staff and other non-patient meal days.
- The value should change as cafeteria selling prices are revised. Cafeteria prices require review and updating on a regular basis to reflect the economic climate.
- If breakfast is not served, the selling price for that meal should be estimated, so that the value will reflect the meal pattern of 3 meals and 2 breaks.
- In some provinces, the divisor for the meal day value may be set by the provincial authority.

Meal Day Calculations

1. **In-patient meal days** for in-patients (adults and children — newborn are excluded), the number will correspond to the number of patient days during the calendar year.

2. **Out-patient meal days** are usually divided into two categories:
   (a) Out-patient meals as part of an insured service are meals for patients who participate in approved programs, such as:
   - diabetes
   - psychiatry
   - geriatrics
   - day surgery
   - renal day care, etc.

   The method of calculation is:

$$\frac{\text{No. of out-patient meals served per yr.}}{3} = \text{No. of out-patient meal days}$$

   (b) Out-patient meals not covered by an insured service are meals for individuals who have been otherwise authorized to receive food. The current cafeteria selling prices are applied to the food delivered and this value becomes part of the total value of food for which no revenue is received (non-cash revenue).

3. **Non-patient meal days** include meals served to staff, visitors, volunteers, etc. To convert meals to meal days, both cash recoveries and non-cash revenue are utilized.
   Cash recoveries include revenues from cafeteria sales, meal tickets, board rates, meals-on-wheels charges, vending machines, detoxification centres, sales to other facilities, etc.
   Non-cash revenues are determined by applying current cafeteria selling prices to the food delivered. This could include catering activities, the feeding of out-patients not covered by an insured service, volunteers, meetings, etc.

$$\frac{\textbf{Cash Recoveries + Non-cash Revenue}}{\text{Meal Day Value}} = \text{No. of non-patient meal days.}$$

Catering

Special functions which involve the serving of food require a written requisition from the department requesting the service. A policy should be established to control catering activities. The policies should state the limits of the catering services.

The catered functions may be classified as cash recovery or non-cash revenue depending on the policies established. In both instances the following formula will apply:

1. calculate the cost of raw food
   calculate the cost of other supplies
   calculate the salaries for services

2. $$\frac{\textbf{Total of (1) above}}{\textbf{Non-patient meal day value}} = \textbf{Number of non-patient meal days}$$

Monthly Report of Catering Activities

MONTH OF _____

DATE	GROUP	NO. OF PEOPLE	UNIT COST*	TOTAL EXPENSE	WORKER HOURS TO INCLUDE OVERTIME
CASH					
TOTAL					
NON-CASH STANDING ORDER OTHERS					
	TOTAL				

Summary: Total Expenses
Total Worker-hours

Comments:

Recommendations:

*UNIT COSTS INCLUDE FOOD, OTHER SUPPLIES.

SAMPLE

Monthly Report of Catering Activities

MONTH OF _____

DATE	GROUP	NO. OF PEOPLE	UNIT COST*	TOTAL EXPENSE	WORKER HOURS TO INCLUDE OVERTIME
CASH					
TOTAL					
NON-CASH STANDING ORDER OTHERS					
	TOTAL				

Summary: Total Expenses
Total Worker-hours

Comments:

Recommendations:

*UNIT COSTS INCLUDE FOOD, OTHER SUPPLIES.

SAMPLE

Departmental Manual

A departmental manual is the compilation of directives, specifications, and regulations for the management of an organization. Such a manual is essential for the optimum management of the Department of Dietetics. The contents of the manual must be compatible with the general guidelines established for the health care facility as a whole.

Principally the manual serves to provide management with direction which results in better and more uniform decisions, and also to communicate intentions and ideas, both to the staff of the Department of Dietetics as well as to the staff of other departments.

The preparation of a departmental manual requires the director and his committee to investigate habits and traditions; it obliges them to ask what is being done and why. The committee must ask whether what is being done is relevant to the existing situation, and whether it is in keeping with the goals and objectives of the department.

To be most useful, the manual must be written so that it is easily understood, and the information presented is in logical sequence. Larger departments might find it necessary to sub-divide the manual.

The main components of the departmental manual are:

Table of Contents – index to manual.
Introduction – states the purpose of the manual, the mechanics of adding to or deleting from it; and the assignment of responsibility for keeping the manual up-to-date.
Purpose – states the reason for the department's operation.
Philosophy – states the beliefs of the department.
Objectives – state what has to be accomplished.
Organization Chart – delineates the authority, responsibilities and relationships within a department.
Policies – state how the activities are to be carried out so that the purpose and objectives can be accomplished.
Procedures – outline in detail, directions for implementing policies, and other possible components of the manual.
Staffing Establishment – details number of full-time equivalent personnel for variety of jobs performed.
Job Descriptions – summarize data obtained from job analysis.
Job Specifications – relate information for recruitment, selection and placement of the appropriate person for the specific position.
Work Schedules – detail duties to be performed at specific times.
Personnel Policies – relate to the health care facility as a whole.

Contents of the departmental manual should be kept current and additional items added as appropriate.

Organization Charts

An **organization chart** is a graphic form delineating the authority, responsibility and relationships within a department.

The following organization charts have been planned to apply to a centralized conventional food service system.

The terminology used on these organization charts is that of the job titles specified in Canadian Hospital Terminology and Definitions which states: "The Working Party (on Terminology & Definitions) recognized that within the same job classification, there may be different levels of job functions and incumbent qualifications. It is also recognized that a grade system can exist to differentiate the various functional levels within the same job classification. Where a grade system exists, the job classification level should be established in ascending numerical order of value, e.g.

cook grade 1, grade 2 .....
dietetic technician grade 1, grade 2 .....
dietetic aide grade 1, grade 2 .....

These charts designate functions and classification, and not numbers of personnel.

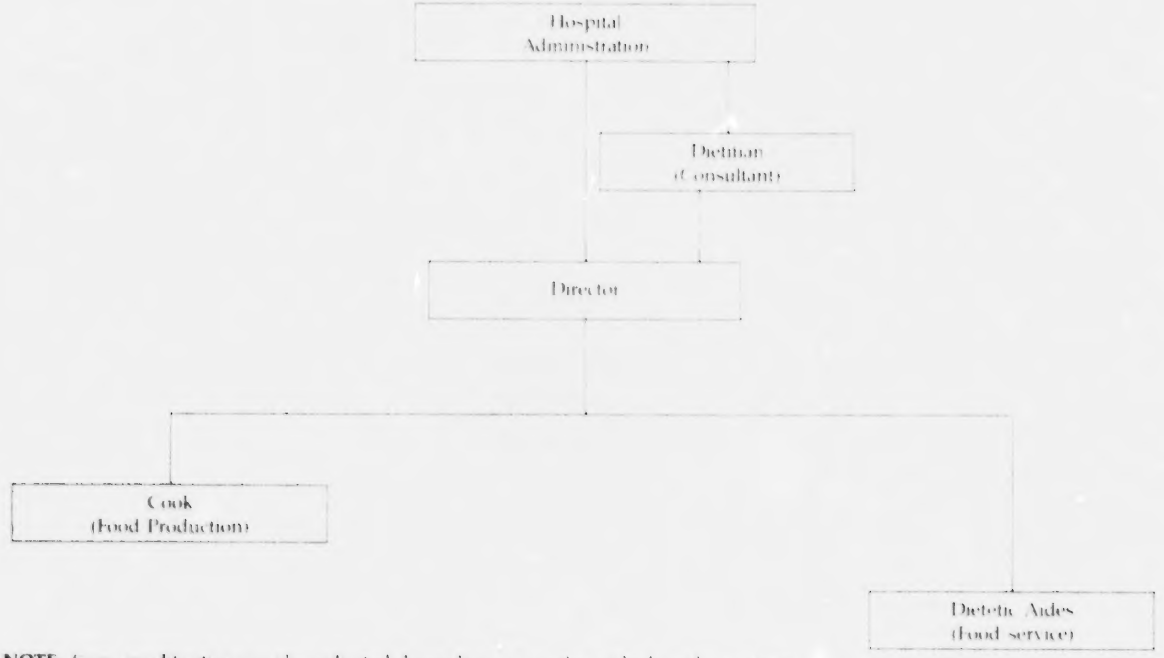
The following organization charts are designated by hospital size:

74 beds or fewer
75-149 beds
150-249 beds
250-399 beds
400 beds and more.

Solid lines denote formal lines of authority, responsibility and relationship, and dotted lines denote relationship and communication.

74 BEDS OR FEWER

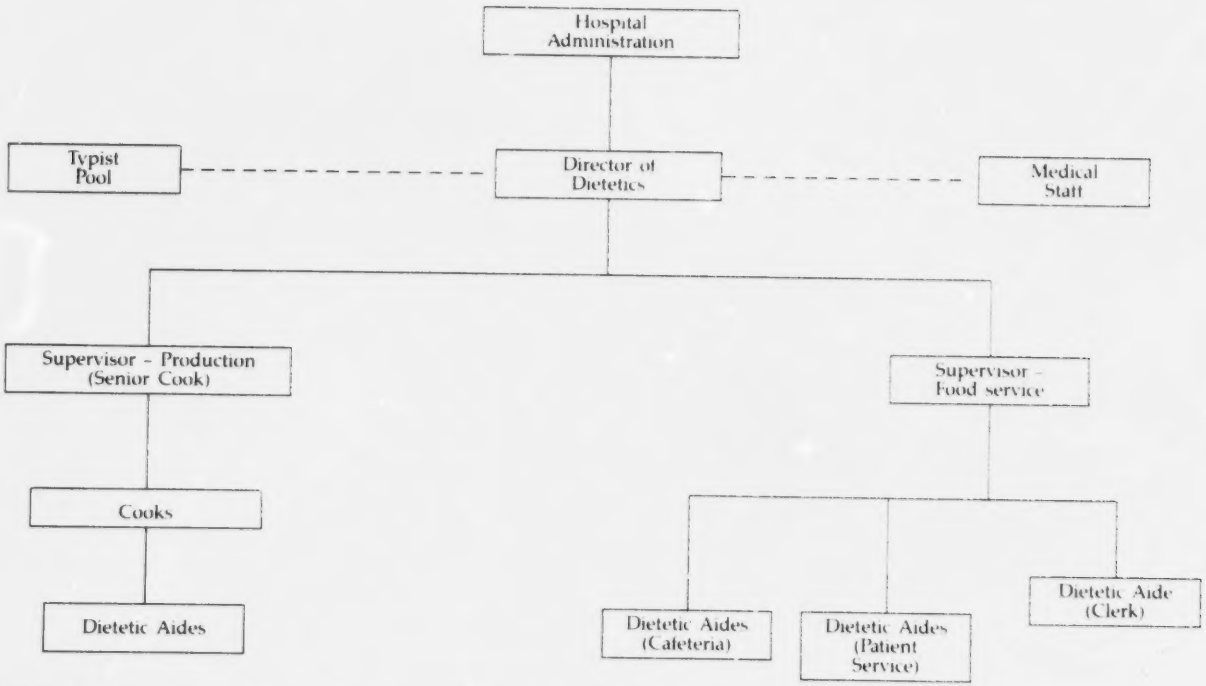
Department of Dietetics



NOTE: Some modification may be indicated depending on number of beds and programs.

75 – 149 BEDS

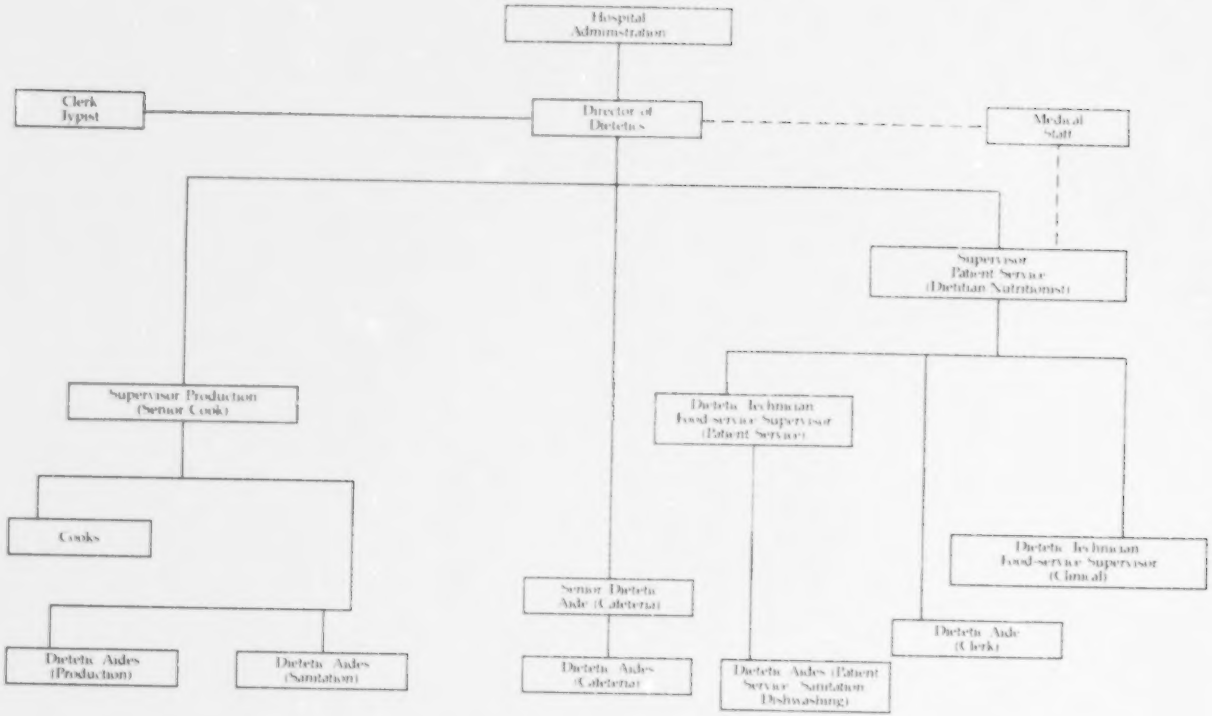
Department of Dietetics



NOTE: Either the Director of Dietetics or the Supervisor Food-service should be a dietitian.

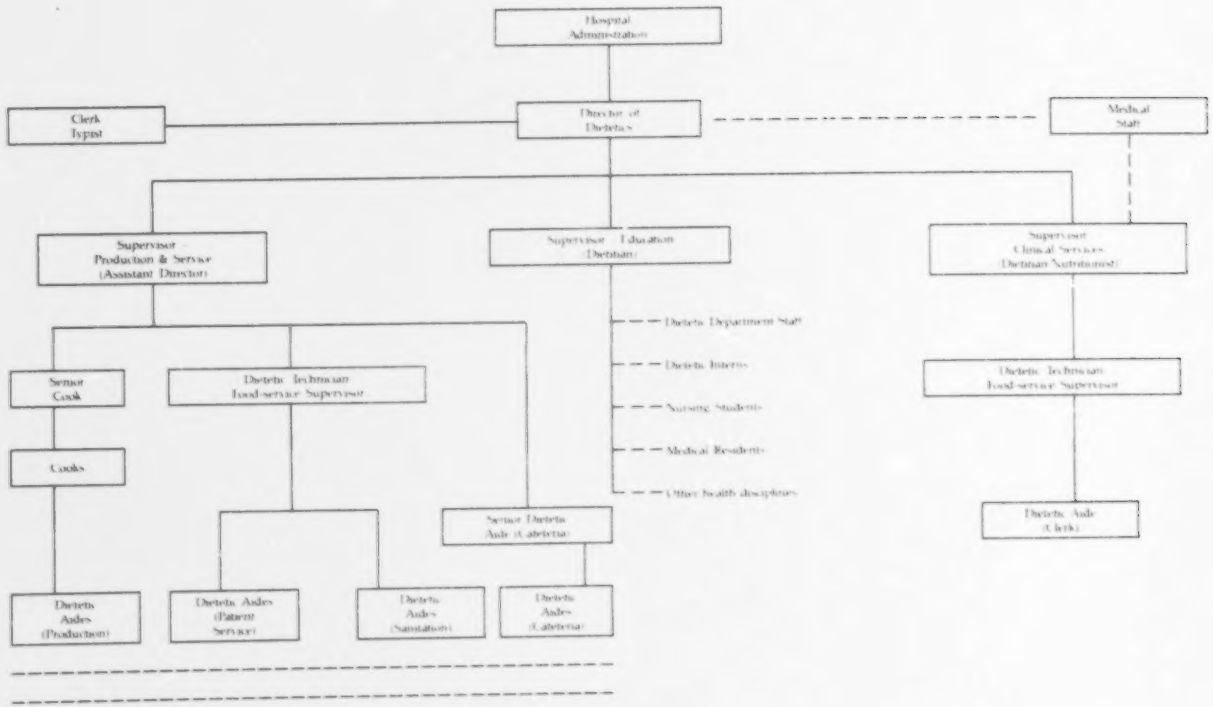
150 – 249 BEDS

Department of Dietetics



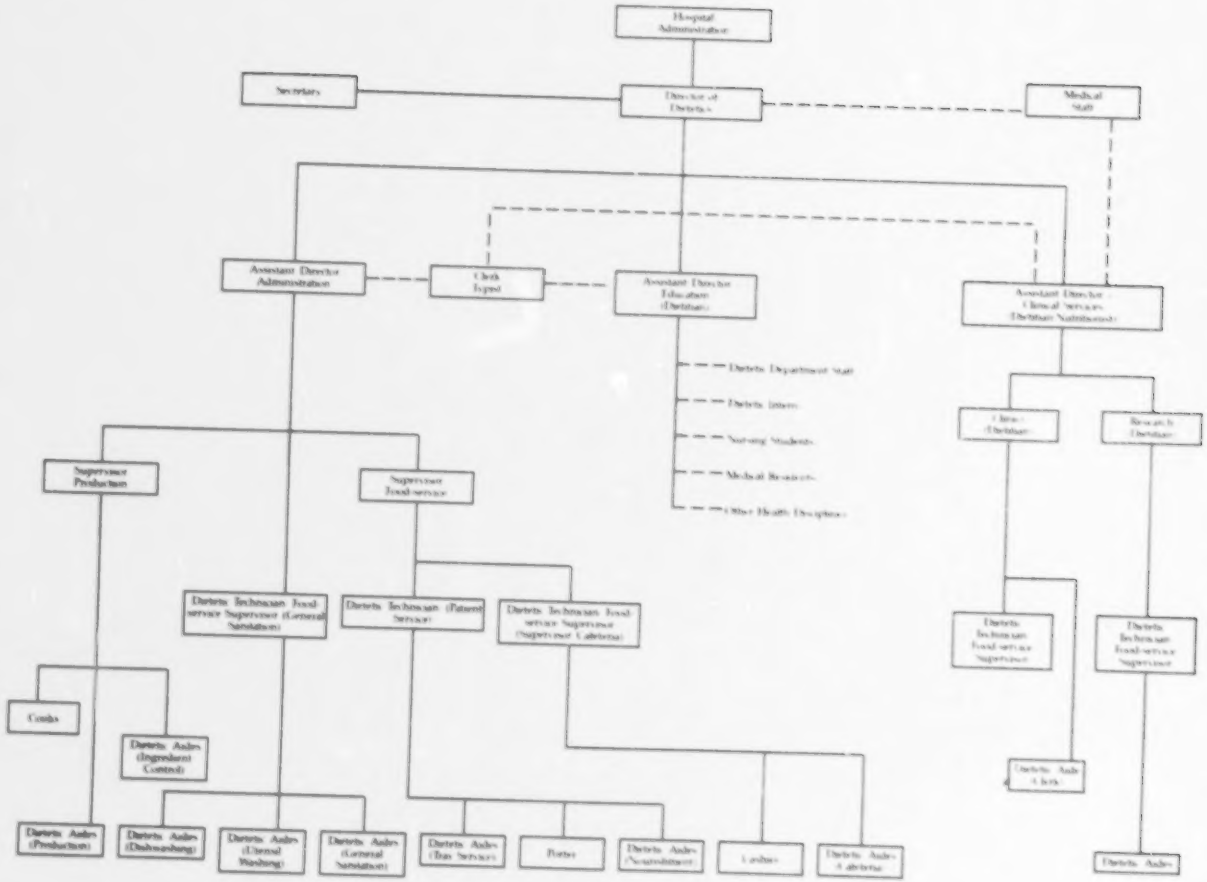
250 – 399 BEDS

Department of Dietetics



400 BEDS AND OVER

Department of Dietetics



Policies and Procedures

A policy is
- informative
- a clearly written statement of what to do
- concise
- requires approval by the administrator

A procedure is
- directive
- step by step descriptions of how to do something
- detailed
- assigns responsibility for implementing procedures.

Written policies and procedures provide access to information and are used as guides for efficient management. Some policies and procedures will be the same for all departments but some will be specific to one department or area. If well developed, they give direction to reasonable and consistent action by all levels of staff.

Departmental policies and procedures must be compatible with each other, coordinated within the institution and kept up to date. A regular review is necessary. Not all policies require procedures (for example, a policy on no smoking in the institution), and not all procedures stem from written policies, as many procedures relate to the institution's objective of giving care or treatment.

Policy and procedure manuals provide a format for bringing information together for later use. Well organized manuals allow easier access to information. The format of departmental and institution-wide policy and procedure manuals should be consistent throughout the system. A list of suggested headings and sample policies and procedures follow.

Suggested Headings for Policies and Procedures

The following list serves as a basic guide to assist in the preparation of policies and procedures. This outline does not cover all subject matter related to food service. Each health care facility should adjust this information to suite its own needs.

1. **Introduction, Philosophy, Objectives**

2. **Management Tools**
   - Communications
   - Meetings
     - Departmental
     - Interdepartmental
   - Budget controls
   - Operating budget
   - Capital budget
   - Monthly and yearly records
   - Daily meal census
   - Purchases

- Food
- Other supplies
- Equipment, etc.

Salaries and wages
Cost analyses
Recoveries
Other expenses
Physical inventory
Reports

3. **Purchasing**
   Specifications
   Food
   Equipment
   Other supplies
   Procedures
   Ordering
   Forms

4. **Receiving, Storing and Issuing**
   Procedures and schedules
   Requisitioning
   Frequency
   Areas of storage
   Minimum maximum standards of inventory

5. **Food Preparation, Production and Distribution**
   Menu
   Recipe standardization
   Basics of food preparation
   Portion control
   Use of leftovers
   Ingredient control room
   Bakeshop
   Main kitchen production
   Meat preparation
   Salad and sandwiches
   Catering functions
   Therapeutic diets
   Nourishments and tube feedings
   Tray make-up and delivery
   Clerical records

6. **Clinical/Nutritional Services**
   Menus
   Menu plan system
   - Typing or printing of menus
   - Distributing and tallying of menus

   Normal or regular diets
   Therapeutic diets
   Nourishments
   - Assessments

   Patient and family instruction and counselling

Charting
Ward rounds
Ambulatory care
  Out-patients
  Clinics, outreach programs
  Day care centres, etc.
Research
Infant formulae

7. **Meal Service**
Patients
  Diet prescriptions
  Meals and nourishments
  Tray assembly
  Delayed trays
  Isolation trays
Out-patients
  Insured services
  Non-insured services
Non-patients (cafeteria)
  Facilities
  Hours of operation
  Food procurement
  Standards of service
  Charges
Guest trays
Catering
  Board
  Medical advisory
  Professional associations
Ancillary services
  Vending
  Coffee shop
Community and or Outreach Programs
  Meals-on-wheels
  Home care
  Detoxification centres
  Wheels-to-meals

8. **Personnel**
Hospital employment practices
  Procurement
  Hiring
  Conditions of work
  Sick time
  Medical examinations
  Payroll
  Hours of work
  Payday
  Vacation
  Terminations
Union agreements
Staffing complements

Job descriptions
Work schedules
Time schedules
Personal hygiene
Employee discipline
Employee evaluations
Orientation
In-service training (non-professional)

9. **Sanitation, Safety and Security**
   Sanitation controls
      Cleaning schedules
      Equipment cleaning
      Ware-washing
      Garbage control
      Pest control
      Bacteriological tests
   Safety regulations
   Fire regulations
   Security

10. **Physical Facilities and Maintenance**
    Preventive
    Corrective

11. **Energy Conservation**

12. **Education Services**
    Orientation (departmental)
    In-service (departmental)
    Dietetic interns
    Student nurses
    Medical residents, interns and students
    Paramedical groups
    Community

13. **Emergency/Disaster Plan**
    Bomb threat
    Emergency feeding
    Food poisoning
    Internal/external disaster
    Strike

14. **Relationships with Other Hospital Departments**
    Admitting
    Chaplaincy
    Electronic data processing
    Employee health
    Finance
    Housekeeping
    Hospital administration
    Hospital auxiliary
    Hospital medical staff

In-service education
Laboratories
Laundry and linen
Materials management
Medical records
Nursing
Occupational therapy
Personnel and payroll
Pharmacy
Physical plan
Physiotherapy
Printing
Radiology
Social work
Systems engineering
Volunteer

15. **Relations Outside the Hospital**

16. **Quality Assurance Review**
    Objectives
    Personnel evaluation
    Financial
    Operational
    Educational
    Clinical
    Management service

17. **Legislation**
    Food and Drug Act
    Employment Standards Act
    Occupational Health and Safety Act
    Professional Acts
    Trades Union Acts
    Human Rights Acts

Policy: All Departments

Smoking by staff, during the work day, is permitted only in offices and the designated area of the hospital cafeteria.

Smoking is forbidden at all times in all corridors, elevators, patient floors and the cafeteria servery.

Policy – Cleaning of Meat Slicer

It is necessary that all equipment used in a hospital's kitchen be kept in a clean and sanitary condition, especially those that are hard to clean, to prevent build-up of germs, mould and other problems.

Procedure

1. Move slicer close to a sink.
2. Fill sink with strong, soapy water (use gloves if necessary).
3. Collect necessary tools for dismantling the slicer, plus clean and sterile tea towels, rags and brushes.
4. Unlock necessary screw nuts so that the parts will come apart.
5. Place parts in soapy water except for slicer blade.
6. **Carefully** handle slicer blade and place in basket to be put through washer. Other small parts which touch the food should also be machine-washed.
7. With brush and rag clean out all parts of the machine – use toothpick to get at small corners.
8. Wash well with soapy water.
9. Rinse carefully and dry with clean towel.
10. Wash any parts not put through machine and rinse in special anti-bacterial rinse preparation.
11. Dry these parts.
12. Have supervisor check the machine.
13. After items which went through the machine are back and dry, re-assemble machine.
14. Replace slicer in proper location and cover with clean cloth. Be sure the location has been cleaned first.

SAMPLE

Policies and Procedures of the Department of Dietetics that are Implemented Primarily Within the Department

A. Personnel

Policy – Personal Hygiene

Good health in food service workers is indicated by clear unblemished skin, a clean body, good nutrition, and freedom from colds, gastrointestinal infections and physical ailments. The healthy employee is energetic and able to perform the required duties without undue fatigue.

1. Physical examination and laboratory tests are required upon employment and at specific intervals for all food service personnel.
2. A feces bacteriological test is required upon employment and each subsequent year of employment.
3. A chest X-ray is required upon employment.
4. Immunization or proof of immunization as required is necessary at time of employment.
5. A tuberculin test is administered at the time of employment
6. Well-balanced meals and enough rest are recommended to maintain maximum health at normal weight.
7. All respiratory and gastrointestinal infections must be reported.
8. All accidents, injuries, cuts, boils, skin eruptions, and burns, even if they appear to be minor, must be reported to Employee Health.
9. A bath should be taken daily, and teeth should be cleaned daily.
10. Deodorant should be used; perfume and heavily-scented lotions should not be used.
11. Hair should be washed weekly; hair oil should be used sparingly — too much soils the cap and keeps the hair from looking clean.
12. Fingernails must be kept short and clean, no fingernail polish should be worn on the job since it may chip off and get into the food.
13. A clean uniform should be worn daily. A clean apron should be worn at all times; if the apron becomes soiled it should be replaced with a clean one.
14. Uniforms may not be worn off the premises, or over street clothing.
15. Clean undergarments should be worn every day; coloured undergarments are not recommended with the uniform.
16. Hose in a medium or service weight, and in a light or medium colour are recommended. Hose for women and socks for men should be clean every day.
17. Hair for both men and women should be covered with a hairnet. Men with short hair should wear caps. Elaborate hair styles are not appropriate or suitable for work.
18. Excessive make-up is not acceptable.
19. Jewelry may not be worn on duty, because it may catch dirt and food particles and carry them to food and equipment.
20. Comfortable white oxford shoes are recommended to avoid fatigue, poor posture and accidents. Shoes should be polished daily, and heels should not be run down.
21. Chewing gum and smoking in food preparation and service areas are not permitted.

SAMPLE

Prodecure – Personal Hygiene

1. Wash hands with soap and warm water before starting work, after handling soiled articles and after each visit to the toilet.
2. Do not cough, sneeze or clear the mouth and/or nose near food or dishes. Use a disposable tissue (rather than a handkerchief) to cover nose and wash hands immediately after each use of tissues.
3. Keep hands and fingers away from the hair, face, nose, and mouth where food-poisoning organisms can be picked up and transmitted to food.
4. When preparing food, use forks, spoons, tongs and other utensils to minimize hand contact.
5. Keep hands and fingers out of food. Pick up serving and eating utensils by their bases or handles. Follow this procedure both prior to serving food, to protect the person served, and after the food has been eaten to protect the worker from contamination.
6. Do not taste food with the ladle or spoon used in food preparation or service. Utensils used for tasting should be washed between tastes.
7. Do not eat in food preparation or service areas. This sets a poor example and could lead to unsanitary food handling.
8. Wash hands after removing soiled dishes from tables and after wiping or cleaning dirty dishes.
9. Use plastic disposable gloves if food must be manipulated by hand. Dispose of used gloves.
10. Observe safe practices in storing, preparing, and serving food as described in another section.

Job Analysis

A job analysis is a procedure used by the director to determine periodically what work is being done, by whom, why, and if the work results in best performance possible. The analysis should be done with the assistance of the employees and/or the personnel department.

The aim of the analysis is to design each job so that the tasks or duties will be performed as logically, simply and easily as possible.

In preparation for the job analysis, list in detail all the individual tasks or duties to be performed, the time involved, the materials handled and the equipment used in performing the job. This preparation should show what each job entails so that it can be analyzed, examined and modified as necessary. From the completed data, it is possible to coordinate and combine related duties and determine an appropriate sequence. This establishes the basis for each job description and work schedule.

Job Description

A job description is a written summary of the job responsibilities and duties (data can be obtained from the job analysis).

Job Description

Job Title: Director of Dietetics
Job Code:

Date:
Location:

1. **Job Summary**
   Plans, organizes, directs and controls the administrative, clinical education and research activities of the department; establishes and maintains standards of quality of services; controls personnel, food, and equipment costs; co-ordinates the dietetic service with other services; delegates responsibilities and duties to competent individuals; investigates improvements through appraisal and research; keeps current by means of continuing education; advises administration on matters pertaining to dietetics.

2. **Performance Requirements**
   (a) **Responsibilities:** activities of the Department of Dietetics according to established standards, administrative policies and educational programs; development and implementation of operational methods and techniques to provide maximum effectiveness within budget allowances; accuracy of reports and records, public relations activities involving dietetic matters.
   (b) **Job Knowledge:** must have a knowledge of dietetics, administration and operation of the dietetic department, purchasing practices, and formulation and standardization of procedures applicable to the operation of the department; must have a knowledge of business procedures required to maintain records and compile reports; must be able to apply principles of personnel management to selection, placement, direction and supervision of employees.

3. **Supervision**
   Under general direction and responsible to administration, supervises dietetic personnel, delegates authority and responsibility.

4. **Work Performed**
   - plans and directs activities of the dietetic department.
   - supervises dietetic personnel.
   - supervises maintenance of records and reports.
   - co-ordinates dietetic services with those rendered by other departments.
   - maintains affiliation with professional associations and community organizations.

5. **Job Relationships**
   Promotion from – less responsible positions in dietetic administration.

   Promotion to – no formal line of promotion.

SAMPLE

6. **Qualifications**
A minimum of a bachelor's degree from a university with a major concentration in nutrition and/or food-service administration; varied experience in the field of dietetics, with emphasis on administration.

Job Description

JOB TITLE: Cook Grade 5 (Senior Cook) GRADE:
JOB CODE: DATE:
LOCATION:

1. **Job Summary**
Directs and supervises the personnel performing food preparation and production functions. Inspects and tastes food for quality. Estimates quantities of food needed to meet menu requirements. May supervise the serving of food. Requisitions supplies and performs related duties.

2. **Performance Requirements**
   (a) **Responsibilities:** preparation and handling of food in accordance with sanitary regulations; preparation of menu items in accordance with predetermined requirements; palatability and appetizing appearance of menu items; storage of perishable food and avoidance of food waste; care of equipment.
   (b) **Job Knowledge:** the ability to plan work through familiarity with foods and the method of preparation; ability to make simple calculations, to estimate food requirements and determine cooking time involved; the ability to apply principles of personnel management to selection and placement of the employees.
   (c) **Standards of Production:** preparation of menu items of high quality in specified quantities.
   (d) **Tools of Operation:** food chopper, mixer, oven, range, steam equipment, fryer, broiler, meat slicer and other related equipment.

3. **Supervision**
Under general direction of and responsible to the Director of Dietetics or delegate, supervises all personnel concerned with food preparation and production, and sanitation of areas concerned.

4. **Work Peformed**
   - prepares time schedules.
   - supervises preparation and production of menu items and the personnel engaged in these functions.
   - may make decisions relative to type of food to prepare and method of preparation.
   - inspects food supplies to determine their acceptability.
   - requisitions supplies.
   - participates in planning menus.

5. **Job Relationships**
Promotion from – Cook Grade 4
Promotion to – no formal line of promotion, but depending on education and ability, promotion to supervisor – production section.

REVISED

6. **Qualifications**
   (a) **Training:** a graduate from a vocational or trade school offering courses leading to a journeyman cook certificate.
   (b) **Experience:** at least 5 years proven cooking experience.
   (c) **Physical demands:** Stands and walks short distances most of the working day; lifting may be involved; uses and demonstrates the use of kitchen equipment and utensils; works in an environment which may be subject to sudden temperature changes; practises safety procedures and accident prevention.

Job Specification

A job specification is a summary of information gained from the job analysis and job description including duties of the job, the working conditions peculiar to the job and personal qualifications necessary for individuals to successfully fulfill the job. This tool is used primarily by the personnel officer to select and place the right person in the specific position.

Job Specification

Payroll Title:	Director of Dietetics Establishment No.:
Department:	Dietetics
Supervised by:	Administration
Job Summary:	Plans, organizes, directs and controls the administration, clinical, education and research activities of the department; establishes and maintains standards of quality of services; controls personnel, food and equipment costs; coordinates the dietetic service with other services; delegates responsibilities and duties to competent individuals; investigates improvements through appraisal and research, keeps current by means of continuing education; advises administration on matters pertaining to dietetics.
Education:	A bachelor's degree from a university, with a major concentration in nutrition and or food service administration.
Experience:	Varied experience in the field of dietetics and progressively more responsible administrative positions.
Knowledge and Skills:	Knowledge of dietetics, and administrative aspects of a department of dietetics.
Physical:	Pre-employment and regular physical examination.
Personal:	Pleasant personality Even temperament Ability to get along with people.
References:	Required for work performance and character.

Conditions of Work:	Hours per week – Annual vacation – Statutory holidays – Salary – benefits – deductions – Etc.
Promotional Opportunities:	No formal line of promotion
Tests:	Nil

Job Specification

Payroll Title: Cook Grade 3 (Senior Cook)
Establishment No.:

Department: Dietetics – Food Production

Supervised by: Director of Dietetics or Assistant Director of Dietetics.

Job Summary: Directs and supervises the personnel performing food preparation and production functions. Inspects and tastes food for quality. Estimates quantity of food needed to meet menu requirements. May supervise the serving of food. Requisitions supplies and performs related duties.

Educational: Graduation from vocational or trade school leading to journeyman cook certificate. Ability to read, write, follow and give oral and written directions.

Experience: At least two years' proven cooking experience.

Knowledge and Skills: Ability to plan work. Knowledge of basic principles of quantity food production; ability to adjust recipes and follow directions; ability to apply principles of personnel management to selection and placement of employees.

Physical: Pre-employment and regular physical examinations.

Personal: Neat, clean.

Reference: Required for work performance and character.

Conditions of:
Hours per week –
Shift –
Days off –
Lunch period –
Salary – benefits – deductions –
Annual vacation –
Statutory holidays –

Promotional Opportunities: No formal line of promotion but depending on education and ability, promotion to supervisor – production section.

Tests: Nil

SAMPLE

Staffing

A major responsibility of the Director of the Department of Dietetics is the determination and continous evaluation of staffing requirements as they relate to the workload of the department. The current financial constraints in health care facilities make it more critical than ever before that attention be focused on the most costly resource, labour. To utilize labour efficiently and effectively, all activities of the department must be reviewed. The cost of staffing every function should be calculated and carefully analyzed.

Effective use of staff, an essential part of staffing, is enhanced by a sound personnel administration program. Such a program would include careful recruitment, selection and development of employees by well-designed orientation and ongoing in-service training programs and by regular performance evaluations. The aim of a sound personnel administration program is to maintain an efficient labour force which works with job satisfaction.

The efficient use of staff is dependent on a large number of important factors. Many of these are inherent to the particular type of health care facility. Some of these factors may permit only limited flexibility to achieve optimum staffing efficiency:

- type of patient, which determines type of menu and service
- physical condition and layout of department and distance from point of service
- condition, amount and type of equipment
- method of tray assembly and delivery
- legislative requirements
- local union contract

The effective use of staff is also dependent on the scope of responsibilities as outlined in the policies of both the health care facility and the department. Greater flexibility to achieve optimum staffing efficiency is possible in these factors:

- procedures for operation
- hours of operation
- amount and type of catering
- personnel policies
- pertinent job descriptions
- effective scheduling including maximum coverage for peak times and minimum coverage for slack times
- appropriate use of part-time help
- work simplification
- use of job analysis to detect unproductive time
- co-ordination of work procedures to eliminate unproductive time.

Special consideration should be given to:

- vending to reduce labour costs when cafeteria is closed
- use of convenience food to substitute for cost of skilled labour if appropriate
- rotation of job assignments both to reduce boredom and to provide flexibility in scheduling
- centralization of production and service which makes for economy in supplies and labour
- decreasing the requirements for supervision through centralization of functions

Absenteeism and turnover rate must be analyzed. They imply lack of motivation and job satisfaction. Excessive absenteeism and high turnover rates call for job training and job enrichment. Excessive absenteeism and high turnover rates result in diminished efficiency and increased labour cost.

Analysis of the cost of staffing to produce the work of the department should be performed continuously and reported on a regular basis.

Some Factors Which Will Influence the Staffing Requirements

1. Formalized functions and objectives of the department – organization and procedure manual in effect.
2. Number and type of patients – children, active, chronic, rehabilitation, convalescent.
3. Menu and planning: variety, cycle, complexity, therapeutic, selective, non-selective, portion control.
4. Research.
5. Physical layout – internal and external.
6. Location of department in relation to patient and staff services.
7. Amount, condition and appropriateness of equipment, preventive maintenance and check list for equipment maintenance.
8. Type of food service – centralized vs. decentralized, tray assembly centralized in one area, dishwashing centralized in one room, unitized pellets, etc.
9. Nourishment policies.
10. Tray delivery system and pick-up policies – supervision, department's responsibility, etc.
11. Water distribution policies.
12. Purchasing policies – convenience foods, cost analysis system and records kept.
13. Storage policies – receipt, storage, control and issue of supplies to include delivery policy, inventory and an effective control system.
14. Personnel policies: vacation, statutory holidays, sick time, position control plan, job descriptions, performance evaluation and procedures.
15. Union policies which might affect hours of work per week or procedure manual policy, training programs and staff scheduling.
16. Staff feeding policies: cafeteria operation hours and number of meals and break periods per day.
    Private dining room: waitress service versus cafeteria line.
    Vending operations – snack bar
    - separate service because food prepared and served in cafeteria area versus central kitchen.
    - dishwashing separate from central dishwashing area.
    - independent concessionaire
    - special services rendered to professional and administrative staff.
    - use of part-time personnel.
17. Sanitation and safety policies.
18. Patient meal service:
    - cafeteria line versus waitress service
    - dining room versus cafeteria
    - meals on wheels, detoxication centre, control and issue of therapeutic diets, discharge policy.
    - emergency department feeding, day surgery, O.R. coffee, doctor's lounge, off-premises feeding.
19. In-patient and out-patient counselling and visiting policies.
20. In-service and educational programs, teaching staff, internship program, nursing involvement.
21. Housekeeping policies in regard to Dietetic Department.
22. Communication system used.

Work Productivity

Just as the director's ability to manage and organize are important qualities that relate to good financial control, leadership qualities and working conditions influence staff satisfaction, attitudes and ultimately work productivity. Job analysis, training staff to improve work methods, and proper utilization of staff and equipment promote further efficiency, performance and increased work productivity.

The statistical data which is available monthly to the Director of Dietetics measures and compares the dietetics operation which is affected by standards of operation, activity and use of staff.

The onus is on the management and supervisory staff to establish acceptable standards and achieve those standards by utilizing labor to the optimum. Productivity comparisons between facilities are only meaningful if the data are accurate, valid, and differences are taken into account.

There are a number of indicators that can be used to measure work productivity. The following are suggested:

1) $\frac{\text{meal days (per year)}}{\text{Full-Time Equivalent Staff}}$ = meal days/full-time equivalent staff

2) $\frac{\text{Total Worker-Hours} \times 60 \text{ minutes}}{3}$ = worker-minutes/meal day

3) $\frac{\text{Worker-Minutes/meal day}}{3}$ = worker-minutes/meal

4) $\frac{\text{Total meal days}}{\text{Total Paid Worker-Hours}}$ = Meal days/paid hour

5) $\frac{\text{Paid Worker-Hours}}{\text{meal days}}$ = Paid worker-hours/meal day

Additional information on productivity indicators is available in the Statistics Canada Hospital Information System.

Terminology/Definitions

1. **Full Time Equivalent (FTE)**
The number of people working part time can equal or make up the equivalent of one person working on a full time basis. (A person working a normal work week is equal to one full time equivalent.) For example, if three aides work part-time for 12.5 hours per week, then each aide is .33 FTE, but the three aides together equal one full time equivalent. The combined working time for the three aides equals the time that would be worked by one aide hired full-time. An FTE can be calculated based on the number of shifts, the number of hours, or the dollar value which is approved for the operating budget.

FTE by Shifts:

1 Shift	= .20 FTE
2 Shifts	= .40 FTE
3 Shifts	= .60 FTE
4 Shifts	= .80 FTE
5 Shifts	= 1.00 FTE

To calculate the FTE divide the approved number of shifts by 5 (the number of shifts a person would work if approved full-time).

FTE by Hours:
(Based on a person working 37.5 hours week or 1950 hours year)

390 hours	= .20 FTE
780 hours	= .40 FTE
1170 hours	= .60 FTE
1560 hours	= .80 FTE
1950 hours	= 1.00 FTE

To calculate the full-time equivalent, just divide the approved working hours by the number of hours that one would work if one were employed full-time. For most agreements, a person would work 1950 hours per year.

FTE by Dollar Value:
In some cases a dollar value is approved to support a position or a number of positions. To calculate the FTE divide the amount approved by the salary that the person would receive if working full-time. For example, if $6000 was approved for a position and $11,903 was the salary for the full-time position, the person can be considered a .5 FTE.
Each calculation of FTE should be rounded to the nearest tenth.

2. **Paid Hours:** Includes regular worked hours plus payment for time used for compassionate leave, coffee breaks, overtime, sick time, vacation, etc.

3. **Effective Hours of Work:** Actual time worked.

Work and Cleaning Schedules

A work schedule is a written list of duties assigned daily to each worker and the approximate time allocated for specific tasks. This assures that all the work will be accomplished and that the workload will be assigned evenly. Work schedules must be integrated so that performance of all tasks is coordinated.

Some work schedules will include a time assignment during the day for special cleaning which allows time for the thorough cleaning of the facility and equipment. This is in addition to the daily routine care. The special cleaning-schedule programs specify cleaning on specific days.

Work Schedule

Dietetic Aide (Tray Service) – Hours 0700-1530

07:00	• On duty – preheat dishes. Check tray list and make diet changes. Portion and place cold items on breakfast trays. Prepare for serving trays.
07:30	• Place hot menu items on trays.
08:00	• Serve staff.
08:15	• Clean up serving area – put away supplies.
08:30	• Take clean dishes, trays, cutlery, etc., from dishwashing machine, place on cart for re-use. Wash tray carts.
08:15	• Go to coffee.
09:30	• Prepare delayed meal trays and take to ward. Reset trays and place on tray carts.
10:00	• Take patient census file to nurses' station to check tray list.
10:15	• Do daily tray census.
10:30	• Dish up desserts for patient trays and place in refrigerator. Prepare milks, juices, butter, breads, etc., for patient trays and place in refrigerator.
11:30	• Place above items on trays. Make tea and other hot beverages.
11.45	• Pour beverages into individual beverage pots and place on trays.
12:00	• Go to lunch.
12:30	• Take clean dishes, trays cutlery, etc., from dishwashing machine – place on cart for re-use. Wash tray carts. Reset trays and place on tray carts.
13:30	• Prepare delayed meal trays and take to ward. Prepare patient's afternoon nourishments.
14:00	• Go to coffee.
14:45	• Special cleaning – see special cleaning schedule.
15:30	• Off duty.

SAMPLE

Special Cleaning Schedule

Dietetic Aide – Tray Worker – Hours 07:00 – 15:30

Days of Week	14:45 -- 15:30 (45 minutes daily)
Monday	Thoroughly clean tray cart No. 1 – inside, top, wheels. Clean nourishment cart.
Tuesday	Thoroughly clean tray cart No. 2 – as above. Clean coffee urns.
Wednesday	De-stain dishes, trays, beverage pots and cutlery.
Thursday	Thoroughly clean serving area, including hot food table, drawers, shelving, counters.
Friday	Thoroughly clean day stores including shelving, containers, door, spot-check wall.
Saturday	Thoroughly clean dish cupboard including counter, drawers, shelves, etc.
Sunday	Defrost and clean reach-in refrigerator including inside, outside and top.

SAMPLE

Sanitation and Safety

A check list can be used as a guide for the inspection of sanitary procedures either in the department as a whole or in any area within the department. Appropriate items may be added or deleted as necessary.

Analysis of the information and corrective action for items marked unsatisfactory are essential. The check list should be used on a continuing basis, at random times, and at least once a month.

Provincial or local legislation will determine whether microbiological testing on prepared food, dishes, equipment, etc. should be carried out routinely.

The Director of Dietetics should promote a safety-measures program for the education and protection of employees.

Boiler Plant Steam

Due to potential health hazards from the presence of amines in steam from the boiler plant, it may be advisable to use self-generating steam equipment where steam comes in direct contact with food, dishes and other equipment.

Check list — Sanitation and safety

Check (x) according to following code:
S = Satisfactory
I.N. = Improvement needed
P = Poor
I.C. = Item Corrected
N.A. = Not Applicable

AREA	DATE	TIME

SAMPLE

ITEM	S	I.N.	P	I.C.	N.A.	REMARKS
1. Prepared foods used within hour of preparation or immediately refrigerated						
2. Refrigerators washed and sanitized properly; items off the floors Clean floor Clean shelving Clean fans and grills Organized storage space Overall tidiness						
3. Refrigerator Temperature Salad ____ Meat ____ Bakeshop ____ Dairy ____ Leftover ____ Pass through ____ Nourishment ____ Freezer ____ _____ ____ _____ ____						
4. Equipment and machines clean and operating properly. (list equipment on separate page).						

ITEM	S	I.N.	P	I.C.	N.A.	REMARKS
5. Food cooked to proper internal temperature Record temperature _____ _____ _____ _____						
6. Food maintained at proper temperature Record temperature Serving point / Bed side _____ / _____ _____ / _____ _____ / _____ _____ / _____						
7. Food carts washed and sanitized properly.						
8. Food protected from contamination: Preparation_____ Handling_____ Storage_____ Transportation_____						
9. Separate equipment used to cut raw meat, fish, and poultry						
10. Hands properly washed and cleaned after use of toilet and before preparation of food						

ITEM	S	I.N.	P	I.C.	N.A.	REMARKS
11. Soap, paper towels and waste receptacles available at the hand-washing sinks.						
12. Lavatory facilities clean and in good repair and free from odors.						
13. Clean work garments worn by employees at all times; proper hair restraints used.						
14. Cutlery, dishes, glasses and water carafes clean and sanitized, no chipped or cracked ware in use.						
15. Pots, pans and utensils, knives, cutting boards clean and sanitized.						
16. Dishwashing wash and rinse temperatures correct: Record wash temperature _____ Record rinse temperature _____						
17. Pot-washing, wash and rinse temperatures correct: Record wash temperature _____ Record rinse temperature _____						
18. Ranges and grills clean.						
19. Ventilators, canopies, ovens, kettles and steamers clean.						
20. Food contact surfaces of equipment clean to touch and sanitized.						

ITEM	S	I.N.	P	I.C.	N.A.	REMARKS
21. Non-food contact surfaces of equipment clean to touch and sanitized.						
22. Tables and counters clean to touch and sanitized.						
23. Food service utensils and supplies properly stored, dispensed, and handled.						
24. Containers of food stored off floor and clean surfaces.						
25. Poisonous and toxic materials properly identified, stored and used.						
26. Garbage stored in containers with liners and lids; containers adequate in number.						
27. Garbage storage areas clean.						
28. Absence of rodents, roaches and insects.						
29. Floors clean.						
30. Walls, windows, ceiling and attached equipment clean.						
31. Light fixtures clean.						
32. Clean, litter-free.						
33. Clean drawers, cupboards and storage shelves.						
34. Hospital prepared formulas for infants checked weekly for microbiological culture.						
				SIGNATURE OF DIETETIC: _____		

Energy Conservation

Energy conservation is a topic of considerable concern. Immediate steps must be taken to ensure a balance between energy supply and demand. Alarm has been expressed about the volume of usage, the amount of waste and the increasing cost of energy.

Every user has a part to play. The Dietetics Department can contribute to an energy conservation program. It is important to make all employees aware of the energy conservation problem – in fact, employees should be given the opportunity to help write and implement such a program. For the technical aspects, the facility engineer should be consulted. The importance of proper maintenance in reducing energy consumption cannot be over-emphasized.

Energy conservation should be included as a part of the in-service education program – developing from the more readily achieved solutions and working towards a fuller program.

The following suggestions will help to develop other ideas on energy conservation and enable you to design a pertinent checklist:

- Check insulation of pipes, refrigeration and freezing equipment.
- Check doors, windows for tightness.
- Check all thermostats regularly.
- Check equipment routinely. Preventive maintenance is necessary on all equipment.
- Eliminate all decorative lighting.
- Eliminate waste of hot water. Repair any leaking faucets.
- Lower room temperature when room not in use.
- Post signs and posters to remind staff about energy conservation.
- Set up a program to shut off supply or exhaust fans in areas that become unoccupied during a 24-hour period, e.g. the kitchens after hours, taking into consideration minimum ventilation and clean environment requirements.
- Turn off energy-using equipment when not in use.
- Turn off lights when not in use and rely on natural light when this is possible.
- Use automatic timers in all areas applicable.

Operational:

- Cover pots and pans with lids when using surface elements or range tops. They will keep the heated air in and decrease cooking time.
- Insure that cooking ovens (either gas or electric) are used effectively by filling the oven to capacity. Cook in the largest volume possible.
- Keep all cooking surfaces clean.
- Open oven doors only to load and unload quickly to avoid unnecessary heat loss; avoid opening doors to look at food. For every second an oven is open the interior temperature can drop as much as 5 C.
- Operate the dishwashing machine only when there is sufficient volume to warrant it.
- Reduce energy consumed by refrigeration facilities by ensuring that walk-in refrigerator doors are not left ajar for periods longer than is absolutely essential. Air-leaks around closed refrigerator doors are also sources of power waste.
- Reduce "peak loading". Electricity cost is determined by two factors: (1) a demand charge, the highest (or peak) kilowatt use for any short

time period during the month (usually 15- or 30-minute period); and (2) an energy charge based on total consumption in kilowatt hours. To reduce peak use and demand charges:

- Schedule energy-intensive cooking, such as baking and roasting, during non-peak demand hours (periods in which the least amount of electric energy is being used in the kitchen and in other departments).
- Schedule food production so that the use of warmers is kept to a minimum.
- Schedule preheating times. A 10- to 15-minute preheat is usually sufficient. A deep-fat fryer requires 7 to 15 minutes. Consult manufacturers' instructions for individual appliances.
- Turn down heat as soon as food begins to boil and maintain liquids at a simmer.

Menu Management

The menu dictates the specifications for personnel, equipment and food; the menu determines the kind and amount of work to be done, and predicates the budget to be spent. The menu is instrumental in satisfying the clientele and hence is a major tool in good public relations. The menu can serve as an educational guide for normal and therapeutic nutrition. Menu management requires careful planning, implementation and evaluation.

Planning

Factors basic to menu planning relate to:

a) the groups to be served
b) the food and food combination
c) the management of the food service facility.

Thus planning a menu requires considerable knowledge about:

a) food cost
b) the groups to be served – age, sex, degree of activity, culture, nutritionalrequirements
c) the food presented – quality as shown by appearance, colour, flavour, texture, nutrient content; shape, form, variety, degree of acceptance, popularity, cost, seasonability, availability
d) the management of the food service facility – number of people to be served, number and skill of employees, type and amount of equipment, type of food production and service system, food budget, distribution of work, standardized recipes.

The effectiveness of the menu planning can be attributed to the time taken and the supportive materials used. The use of cycle menus has in part developed so that the time spent on menu planning might be reduced. The supportive materials that make the role of the menu planner or menu-planning committee more efficient and effective are:

1. Canada's Food Guide.
2. Menu blanks or forms appropriate to menu pattern.
3. Previous menus and records relating to popularity, satisfaction and sales.
4. Menu-items suggestion-lists.
5. Current list of market prices.
6. Lists of costed standardized recipes.
7. Current raw food cost per meal-day.
8. New ideas and suggestions.

Implementation

The implementation of suitable menus is dependent upon:

a) precise production planning through careful forecasting
b) timely purchase of quality food by specification
c) the use of costed standardized recipes that reflect the needs of the facility
d) realistic work schedules
e) the development of motivated employees who are well trained in food production and service
f) budget constraints and price fluctuations.

Evaluation

1. Menus, both as planned and served, should be critically evaluated from the standpoint of cost, acceptability by the clientele, quality of food, and ability of the food service facility to implement the menu. Results of this evaluation should be incorporated into future menu plans.
2. Menu items should be routinely tasted following production and prior to service.

Inventory Control

The Director of the Department of Dietetics is responsible for developing and implementing policies and appropriate procedures to efficiently control the complete cycle of food use from raw ingredients to service of meals. The inventory and the food used at any period represents a substantial investment and must be constantly protected. Inventory control is of vital importance for cost analysis.

The functions of the inventory control are as follows:

FORECASTING	– based on historical data and current relevant conditions.
ORDERING	– of food by specification according to use as stated in pre-planned menus.
RECEIVING	– to ensure quality and quantity of food as specified.
STORAGE	– appropriate to the requirements of each item.
ISSUING	– only by requisition signed by an appropriate authority.
INGREDIENT CONTROL	– weighing and issuing of ingredients in amounts designated by standardized recipes. For further information, see page 87.
PRODUCTION	– of menu items according to standards of quality and quantity that are predetermined and well communicated.
SERVICE	– of meals to patients and patrons.

All employees and supervisors must be trained in the correct and efficient use of food. Accounting procedures must be developed that aid in the detection of discrepancies between the amount of food purchased and the amount of food actually required. In addition, constant surveillance is needed to justify that the amount of food purchased and produced closely coordinates with the amount of food actually served and consumed.

Stringent security procedures are essential to safeguard the inventory of food and supplies. All food service personnel should be cognizant of the costly investment that the inventory represents. The director is responsible not only for policies and procedures that maintain the safety and security of the inventory, but also for developing and maintaining a system of constant surveillance.

Where any food and dietetic supplies are not under the jurisdiction of the Director of the Department of Dietetics, policies should be established to ensure control for receiving, storing and issuing.

Ingredient Control

Ingredient control is a system which controls the flow of food and supplies. The ideal situation is that in which supplies from the storeroom move to the various production and services areas through a central ingredient control room. Ingredient control is effective by centralized weighing, measuring and requisitioning of all ingredients and supplies; for centralized weighing a standardized recipe is essential.

Basically the ingredient room is furnished with a refrigerator, refrigerator-freezer, table, sink, scales, carts and racks, mobile bins and shelving, and a desk.

Small equipment includes ladles, measuring devices, knives, and containers for storing and packaging ingredients. In order to introduce an ingredient control room the physical features need not be complicated.

Personnel usually prepare ingredients for recipes twenty-four hours in advance from requisitions. These assembled ingredients are labelled and stored for later issue or delivery.

Ingredient control can reduce the clerical work load involved in requisitioning, and the labour cost involved in the repetitous weighing and food storage functions.

Weighed ingredients ensure the validity of the recipes as well as reducing the errors that might occur.

An ingredient control can result in a saving in food costs and labour for the Department of Dietetics.

The obvious advantages of an ingredient control room system are:

- improved control of supplies
- more efficient use of labour
- reduced possibility of recipe error.

Food Service Management with Computer Assistance

The computer is a proven management tool in the administration of a food service department. Computers can perform certain functions very quickly and accurately: storage and retrieval of information, calculations, printing, and transmission of information or data via telephone lines or other means. However, any computer system incurs substantial costs, and the cost-benefit ratios are not easy to establish. In addition to the cost of the equipment, a new user must also consider costs involved in purchase of programs or software, and operating costs such as wages required to enter information into the computer, cost of changes to programs, repair of equipment and supplies such as paper, discs, etc. Sometimes duplication of low cost equipment is a practical way of providing continuity of service in case of equipment breakdowns.

Current administrative applications of the computer include inventory, ordering, costing, printing reports, labels, menus, nourishment lists, adjusting and printing of production recipes. Current clinical uses of the computer include programs to calculate patient nutrient intake, nutritional assessment, calculate diabetic diets and statistical analysis. More general programs doing word processing, spreadsheet calculations or data base programs for storage, retrieval and printing out of information can be effectively used in a dietetic department.

Greatly over-simplifying, there are three types of computer systems: large systems with terminals connecting several many users to a computer – sometimes through a telephone line; small individual computers; and a hybrid system. In the third system individual computers are connected together in a network, sharing equipment such as printers, or information and programs stored on a central disc drive.

In a minimum system it is recommended that packaged (pre-written) programs carrying out a specific task be used, especially since such programs and equipment can be tried and evaluated before purchase. Computer programs for food-information systems may be tailormade for the department's specific needs. The time required and total cost of the system are great, and are frequently underestimated.

The ease of expansion and upgrading must be considered. Technology is changing rapidly and most users find additional and sometimes unexpected uses for their equipment. Other considerations are the quality of the input data, access to information including consideration of the security and confidentiality of any data.

Health and Welfare Canada makes available nutrient data tapes using Canadian food values.

Be aware that computer technology and applications are advancing so fast that continuous analysis of the market is necessary to keep current.

Terminology and Definitions of Systems and Equipment

In the planning of new and or renovated dietetic facilities, it is important to be as knowledgeable as possible about current terminology and available systems and equipment.

The choice of food production, tray assembly, transportation and other related equipment can be determined by a feasibility study. Careful consideration of cost and numerous other influencing factors are of prime importance.

The following section has been prepared to identify current terminology and definition of systems and equipment so that the members of the planning team will be able to similarly interpret the meaning of these terms. This is a rapidly changing field and other systems and equipment will continue to be developed and marketed.

A. Terminology

Ambient Temperature: the temperature of the kitchen or point of service environment. This term becomes important in qualifying the temperatures that should be maintained to ensure the quality and palatability of various foods.

	Celsius	Fahrenheit
Soups	71 – 85	160 – 185
Sauces and gravies	71 – 85	160 – 185
Meats & other entrees	66 – 85	150 – 185
Vegetables	71 – 74	160 – 165
Cereals (hot)	74	165
Eggs	63	145
Beverages (hot)	85	185
Salads, juices	7	45
Cold beverages	7	45
Ice Cream	−18 to −12	0° to 10°

Food Item(s): The ingredients or the individual foods used in the preparation of recipes or large scale formulae.

Galley: a food service area located on patient floors that is equipped for heat-conditioning food, and where necessary final assembly of patient trays occurs.

Heat Conditioning – (or endheating): the process of bringing chilled or frozen menu items which are to be served hot to an appropriate temperature. The exact temperature will depend on the individual menu item. The terms "endcooking", "reconstitution", "heating", "reheating", "refreshening", and "rethermalization" are also used to connote this process.

Menu Item(s): the individual foods that make up the menu. They may be single food items, such as orange juice, sliced tomatoes or a combination of food items, such as beef stew, macaroni and cheese, cherry pie, salads, etc.

Point of Assembly: a specific location, such as a cafeteria's assembly line of patients' trays or galley where prepared food is placed on individual trays.

Point of Service: a specific location where a completed tray or table-ready food is served to the recipient.

Shelf-Life: the length of time any food or menu items can be safely held without loss of quality or nutritional value.
Tempering: the process of thawing frozen menu items under controlled conditions prior to tray assembly, heat conditioning or service. The temperature of the food mass should rise from −23°C to 3°C within the shortest possible time and minimal exposure to free atmosphere so that quality will not be impaired or microbiological problems be encountered.

B. Systems

1. Food Production

Commissariat or Food Production Centre: food items are received in the raw, semi-prepared and prepared state, processed to menu items, packaged, chilled or frozen and stored under appropriate conditions for later use on site or distributed to satellite units. The daily production loads are usually on a large scale and scheduled according to predetermined inventory load. Menu items are requisitioned by the users, and final processing which may be required, is carried out on the site of the satellite units.
Convenience: menu items are received fully or partially processed from a commissariat or commercial suppliers. These menu items are available in bulk or individual packs or as complete plated entrees. They may be received frozen, chilled, or at room temperature and are held under the appropriate conditions for future use. Final processing on site may include tempering, portioning, heating and garnishing.
Conventional or Traditional: food items are received in the raw, semi-prepared and prepared, and processed to menu items on site for immediate use. The daily production load is determined by the number of patients and patrons anticipated for each meal service.
Ready: food items are received in the raw, semi-prepared and prepared, and processed to menu items on site, in bulk or individual packs. Quantities to be prepared and the timing of processing do not relate to the volume required for one meal, or to the meal service time. After preparation, menu items are chilled or frozen and stored under appropriate conditions for future use. Final processing may include tempering, portioning, heating and garnishing.
Satellite or User Units: units where most of the menu items are received from a central production centre or a commissariat and stored under appropriate conditions, for later processing as required.

2. Food Processing Systems

Chill: the holding of processed menu items in the refrigerated state to give them longer shelf life, usually for a period of two to three days.
Chill Freeze: the holding of processed menu items in both the chilled and frozen states.
Freeze: the long term holding of processed menu items by fast freezing and then holding in storage at temperatures of −18°C to −23°C. The shelf life will vary depending on the individual menu item.
Pasteurize Chill: the treatment of processed menu items by pasteurizing, chilling and holding in the refrigerated state to extend shelf life period to two to three weeks. The exact shelf-life time will depend on the individual menu item.

3. **Patient Tray Assembly Systems**
Centralized: the tray assembly and the supply areas are usually in close proximity to each other. Trays are assembled in a central area for delivery to patient areas. Trays may be assembled in a single stage or in multiple stages.
Decentralized: the plate or tray assembly and the supply areas are physically separated. Trays for delivery are assembled in patient areas, using supplies sent up from main kitchen. Trays are generally assembled in several stages.

C. Equipment

1. **Production:** menu items are produced using equipment such as ovens, steamers, fryers, etc. Sizes and numbers are related to volume produced. Large scale production may require automated equipment.

2. **Packaging:** chilled or frozen menu items provided by the ready system require packaging prior to holding; various types and sizes of re-usable or disposable packaging materials are available; equipment may be manually or automatically operated.

3. **Quick Chilling:** to maintain quality and bacteriological standards following production, menu items require fast chilling to 4°C or below; equipment required may include jacketed kettle with chilled water circulating system and refrigerated unit equipped with high velocity air circulation.

4. **Freezing:** following quick chilling, menu items to be held in the frozen state are subjected to temperature of −28°C or below. There are essentially two methods used for quick freezing.
Blast Freezing: uses refrigerated air which is convected across the product.
Cryogenic Freezing: uses liquid nitrogen (N_2) or carbon dioxide (CO_2) which is vaporized directly onto the food. (This system is very costly.)

5. **Heat Conditioning:** some chilled or tempered frozen menu items require final heating. In addition to conventional equipment, i.e. oven, steam equipment, fryer, heat conditioning may be accomplished by the use of various methods of heat transfer, examples are:
Convection: menu items are heated by hot air moving in the oven chamber. There are two types of ovens – stirred and ducted air. In the stirred air type, a fan in the oven cavity circulates the hot air; in the ducted type, air is ducted out of the oven cavity through a heat exchanger and then ducted back into the oven cavity.
Microwave: menu items are heated by the absorption of radiation energy, vibrating at microwave frequencies.
Radiation: menu items are heated by radiation from luminous or obscure infra-red rays emitted from either quartz tubes or a specially fused silica plate.

6. **Temperature Maintenance**

In order to maintain food at acceptable temperatures during transport, temperature maintenance equipment may be necessary.

Stacked Tray: hot and cold menu items are served on either re-usable or disposable dishes and placed in compartmentalized insulated plastic trays with insulated covers. Trays may be stacked.

Refrigerated Tray Cart: this mobile refrigerated unit is used for storage and transit of completely assembled trays or individually portioned items, which may be subsequently heated for service.

Plates Only

i) **Pellet:** the temperature of plated menu items is maintained by placing the heated or chilled plate between an insulated metal base containing a tempered pellet and a non-insulated dome.

ii) **Plastic Insulated Base and Dome:** the temperature of the menu items is maintained by placing the heated or chilled plate between an insulated base and a close fitting dome.

Soup and Beverage Containers: insulated containers for soup and beverages may be necessary to maintain serving temperatures.

Food Carriers – Bulk Food

i) **Hot Food Truck:** heated insulated carrier consisting of various arrangements of heated sections. Its purpose is to maintain the temperature of hot food in transit and during service.

ii) **Cold Food Truck:** carrier consisting of various arrangements of refrigerated sections. Its purpose is to maintain the temperature of chilled food in transit and during service.

iii) **Other:** portable units such as vacuum jugs and insulated cabinets which maintain temperature are available for both liquid and solid menu items.

7. **Others:**

Re-thermalizing Cart: a refrigerated tray cart (serving as a chill hold unit) used to store and carry completely assembled trays. When a control button is started, re-thermalization (heating) begins inside the cart in the appropriate sections. The cart then becomes a delivery vehicle carrying hot and cold foods.

Central Commissariat or Food Production Centre

An emerging trend in progressive dietetic systems, the central commissariat produces food items to a prepared or semi-prepared state for later distribution to several institutions. Commissariats may produce under cook-chill or cook-freeze techniques, and can vary considerably in terms of the number of institutions serviced, the types of food items produced, methods of production and method of transportation. However, all will have at their core the philosophy that large scale production techniques can be applied to the health care field, increasing efficiency, productivity and cost control, while ensuring high quality, nutritional value and aesthetic appeal.

By combining the requirements of more than one institution, many efficiencies that escalate with volume can be tapped, leading to improved overall cost performance. Some advantages are:

1. The capital investment necessary to equip a central commissariat is usually less than that to equip or re-equip the kitchens at institutions.
2. Labour costs at institutions are reduced in that food items are being produced off-site. Costs for special diet items are significantly reduced in that the pooled volume of several institutions leads to regular production methods, even for these specialty products.
3. Overall food cost is reduced due to improved efficiency, better purchase prices and lower labour expense.

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